

was more intention to search for information involving OTC medicines (mean = 5.0) than non-drug products (mean = 4.1). Product familiarity had a role in search likelihood.

Conclusions: This study revealed that the likelihood of searching for information prior to purchasing OTC medicines is not particularly robust. With a plethora of information currently available to consumers, motivation to access it is what may need attention.

<https://doi.org/10.1016/j.sapharm.2025.03.020>

Abstract 117

Infertility information seeking and self-management in men

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Background: Medical treatment for infertility, such as intrauterine insemination or assisted reproductive technology, may have adverse health consequences for both women and their newborns. To mitigate the necessity for infertility treatments in women, men are advised to enhance their sperm quality through adopting a healthy diet, quitting smoking, reducing alcohol intake, engaging in exercise, and avoiding excessive heat, however, the self-management of infertility problems in men remains inadequately researched. This study aimed to investigate when and how men become aware of their infertility, if they seek information, and what changes they undergo after realizing the problem.

Methods: A cross-sectional questionnaire survey, targeting Danish men with infertility problems and their female partners, was developed with the assistance of health professionals specializing in infertility. It was then distributed through social media channels related to infertility treatment. Data were analyzed descriptively.

Results: Responses from a total of 74 participants were analyzed; 47% were from men's female partners, 72% of men were in the 26-35 age group, 50% had a university education. Half of the men contacted the healthcare system with suspected infertility after a year of attempting to conceive, 76% started at general practice. The majority initiated the search for information about infertility in collaboration with their partners, and only 3% started the search independently. Information about existing medical treatments for infertility was sought by 58%, while information about alternative treatments was sought by 37%. Changes in diet were most frequently perceived as relevant and implemented by men to improve fertility, 61% took dietary supplements, with fish oil and vitamin D being the most frequently mentioned.

Conclusions: A minimal number of men take the initiative to seek information about their infertility. Information about lifestyle changes targeting male infertility, such as specific dietary supplements, needs to be actively disseminated, including among men's female partners.

<https://doi.org/10.1016/j.sapharm.2025.03.017>

Abstract 122

Two Spirit Peoples' Experiences Accessing and Receiving Care in Community Pharmacies

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Background: Two Spirit people face unique challenges in accessing and receiving healthcare in Canada. The Canadian healthcare system is embedded with homophobia, transphobia, heteronormativity, and racism due to colonization which impedes appropriate care for Two Spirit peoples. Coupled with a lack of representation and lack of programming, these issues have resulted in a lack of awareness and understanding of the obstacles faced by Two Spirit individuals in the Canadian healthcare system. This project aimed to gain knowledge about the experiences of Two Spirit peoples in accessing and receiving care in community pharmacy settings in Canada. Currently, there is no published information on this

topic.

Methods: A total of 21 Two Spirit participants were asked to share their stories in a focus group. To gain insight into experiences from across Canada, four different focus groups were held in various geographic locations (Vancouver, Edmonton, Saskatoon, Toronto). Informed by Indigenous methodologies, data was recorded via audio-recordings of the various focus groups. The audio was then transcribed and analyzed for themes using the Voice-Centred Relational method.

Results: The gifted stories produced three major recurring themes. All stories shared had connections to at least one of the following structural systems: white supremacy, heteronormativity, and capitalism. These structural processes presented themselves as racism, lack of time and greed, lack of knowledge, and homophobia/transphobia. Participants expressed positive experiences when they felt the pharmacist and themselves had a relationship, their Traditional Medicines were valued, or when they were white-passing or straight-passing. The participants also emphasized avoiding pharmacies due to poor experiences with healthcare professionals (physicians, nurses, pharmacists) in the past. Many suggestions to improve experiences in pharmacies were shared. Some include using inclusive language, adding pronouns and preferred names to patient files, incorporating queer and Indigenous education into pharmacy schools, and educating oneself on what Two Spirit is.

Conclusions: Two Spirit Peoples face barriers when it comes to accessing and receiving care in community pharmacies due to various structural processes that exist in this country. This has resulted in many Two Spirit individuals avoiding healthcare to save themselves from unsafe and uncomfortable interactions.

<https://doi.org/10.1016/j.sapharm.2025.03.018>

Abstract 127

Batch-Prepared Low-Dose Atropine Eye Drops Improve Satisfaction and Costs: a Cross-Sectional Study at King Chulalongkorn Memorial Hospital, the Thai Red Cross Society, Bangkok

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Background: Low-dose atropine eye drops (ATEs) is an effective novel therapy for myopia; however 0.01% commercial ATE formulation is unavailable. We compared the satisfaction and costs of 0.01% ATEs between single-compounded (A) and batch-compounded preparations (B) from the perspectives of King Chulalongkorn Memorial Hospital (KCMH) and the parents of pediatric patients.

Methods: We conducted a cross-sectional study including patients who had received at least three bottles of 0.01% ATEs prepared by each method at KCMH between June 2022 and January 2023. The 0.01% ATEs were prepared by diluting commercial 1% ATEs in hypromellose under a biological safety cabinet. In method A, the preparation was compounded in a segregated region when required with a 4-week beyond-use date refrigerated. In method B, the preparation was compounded in a cleanroom in advance (40 bottles/batch) with a 12-week beyond-use date refrigerated. Twenty-six parents of pediatric patients and six compounding pharmacists completed a 5-point Likert scale satisfaction survey and selected their preferred method. Cost-identification analysis, descriptive statistics, and independent t-tests were performed.

Results: All participants preferred batch-prepared ATEs. Twenty-five (96.2%) and 21 (80.8%) parents speculated that method B increased their compliance and decreased waiting time, respectively. All pharmacists agreed that method B was more cost-efficient, time-efficient, and more convenient. The mean waiting time was higher for method A than B (17.16 ± 9.33 vs. 11.54 ± 5.18 minutes; P < 0.05). Compared with Method A, Method B exhibited decreases of 61.31% (£103.00) and 37.25% (£47.50) in the cost and sale price, respectively. Method B decreased the parents' median nonmedication costs /refill by approximately 300 baht (interquartile ratio = £100, £605).

Conclusions: From the parents' and hospital's perspectives, batch-prepared 0.01% ATEs improved satisfaction and reduced costs relative to those of single-compounded ATEs. We recommend that preparation by method B be generally used.

<https://doi.org/10.1016/j.sapharm.2025.03.019>